



# IMPACTS OF COVID-19 ON CHILDREN AND YOUTH IN CARE

## The Bottom Line

**COVID-19 has had many impacts on children and youth in care, which may contribute to trauma layering, and when prolonged can worsen mental health. Responding to these as early as possible to address current impacts and prevent future impacts is essential in supporting positive mental health.**

## Short-Term Impacts

Children and youth in group homes are at increased risk for contracting COVID-19, given the risks associated with indoor, close, and prolonged interactions with others and difficulty with social distancing.

Loss of daily routine, school attendance, and physical contact with loved ones can provoke or worsen mental health challenges. This becomes especially apparent when paired with isolation. Those in group homes may become much more irritable with other youth in the home.

The switch to online communication with caregivers, caseworkers, teachers, and other service providers can be confusing and frustrating, and barriers exist for those who may not have access to technology or a reliable internet connection. Virtual communications can also be awkward and may not provide case workers with a full picture due to restrictions on in-person visitations. Children may also feel reluctant to speak negatively via tele-communications with their caregiver(s) nearby.



## Possible Responses

- Most organizations have stringent safety/sanitation guidelines. General Canadian guidelines include: frequent sanitation, reduced/alternating use of communal living areas; supplying each child with their own living kit (e.g., utensils, towel, toothpaste, toys, books) to avoid sharing items; reduced prolonged, indoor, close contacts; increased placement of hand sanitizers and lotion for dry hands; frequent hand washing (20-second intervals); and increased ventilation (air flow, open windows weather permitting).
- Organize youth-suggested or youth-led indoor, socially distanced activities (e.g., distanced reading, movie watching, alternating play spaces between sanitization, workouts, technology connection) and outdoor activities (e.g., scavenger hunts, bike rides, walks, yoga).
- Stigma-free language encourages children to tell a trusted adult if they are feeling unwell.
- Many youth have reported the benefits of viewing isolation through a ‘glass half-full’ lens. Encourage youth to use this time to practice self-care, take a break from people, and focus on themselves.
- Routines are important for coping with grief and restoring a sense of normalcy. Support children/youth in developing and committing to a structured schedule (e.g., sleep, meals, getting dressed, social media time).
- Provide youth with the necessary technology to ensure maintenance of connection to loved ones. To revive feelings of joy and reduce grief, provide things to look forward to, such as pizza Fridays.
- Asking simple questions through virtual communication may provide more insight into their lives than direct, abuse-related questions. Recognize and correct COVID-related threats used against children to prevent disclosure of maltreatment.
- Conduct in-person consultations—outside if possible—whenever feasible, following social distancing/Personal Protective Equipment (PPE) safety guidelines.

## Intermediate Impacts

Since the beginning of COVID-19, child abuse reporting has decreased. This is likely due to physical isolation from teachers, CPS workers, and other service providers and the difficulty of detecting maltreatment, especially during the summer months. COVID-19 may increase tensions and abuse within family-based and group care settings. In addition, online child sexual exploitation has increased during COVID-19.

## Possible Responses

- Risk levels should be reassessed frequently and safety plans may need to be developed or modified.
- In-person visits following appropriate safety guidelines (e.g., hand washing before and after, physical distancing, PPE, outdoor environment) should be used where possible.
- To ensure safety, CPS workers may need to rely on other service providers (e.g., mental health, addictions, doctors) and those with more frequent access to the child (e.g., neighbours, extended family, postal workers); providing public education on signs and reporting of child maltreatment may increase the level of child protection.

## Long-Term Impacts

Youth in care already face multiple layers of trauma, such as high rates of maltreatment, mental health challenges, and isolation that have been exacerbated during COVID-19. This can create additional layers of trauma, re-traumatize, or amplify existing trauma. While COVID-19 has yet to extend into long-term impact territory, based on what is known of chronic trauma, prolonged periods of limited services, resources, and excessive social isolation: there is an expectation youth in care will experience psychological harm, which may have long-term mental and social health impacts.

## Possible Responses

- Recognize the significantly higher potential for trauma layering with youth in care.
- Increase connection with service providers, appropriate family and friends, community, language, and culture.
- When services are limited, encourage creative solutions such as healing through connection to the land and to others to increase protective factors; anxiety management techniques (e.g., grounding, mindfulness, yoga); and self-care.

For original sources and documents, please visit: [www.childtraumaresearch.ca](http://www.childtraumaresearch.ca)

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